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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

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TO: U.S. Patent and Trademark Office
Examiner: Ann Y. Lam
Art Unit: 1641

DATE: December 12, 2005

FROM: Barry M. Shuman

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 14

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MESSAGE:

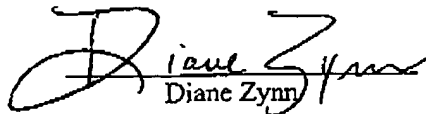
RE: U.S. Patent Application Serial No.: 09/872,052; Attorney Docket No. 1810A-045 (81841.0192)

I hereby certify that the following documents:

- Amendment/Amendment Transmittal Letter

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

December 12, 2005
Date of Deposit


Diane Zynn

TELECOPY/FAX NUMBER: (571) 273-8300 - Art Unit 1641

CLIENT NUMBER: 81841.0192

ATTORNEY BILLING NUMBER: 6085

CONFIRMATION NUMBER: (please return fax to Diane Zynn)

FORM PTO-1083

1810A-045 (81841.0192)
Patent Application No. 09/872,052

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Robert S. Matson et al.

Serial No: 09/872,052

Filed: May 31, 2001

For: IMMOBILIZATION OF UNMODIFIED BIOPOLYMERS
TO ACYL FLUORIDE ACTIVATED SUBSTRATES

Art Unit: 1641

Examiner: Ann Y. Lam

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is being transmitted via facsimile to
(571) 273-8300:
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12/12/05
DateMail Stop Amendment
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P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.
Also enclosed is:☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	17	-	45	**	LG=\$18 SM=\$9	\$
INDEPENDENT CLAIMS FEE	1	-	3	***	LG=\$86 SM=\$43	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145	\$
Independent Claims: 55					TOTAL	\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

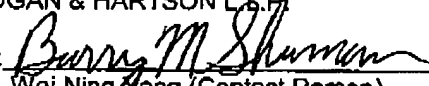
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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- ☐ A check in the amount of \$_____ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- ☐ A check in the amount of \$_____ to cover the extension fee is enclosed. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:


 Wei-Ning Yang (Contact Person)
 Registration No. 38,690
 Attorney for Applicant(s)
 Barry M. Shuman
 Registration No. 50,220

Date: December 12, 2005

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Appl. No. 09/872,052
Amdt. Dated December 12, 2005
Reply to Office Action of September 12, 2005

Attorney Docket No. 1810A-045 (81841.0192)
Customer No.: 26021

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Robert S. Matson et al.

Serial No: 09/872,052

Confirmation No.: 8141

Filed: May 31, 2001

For: **IMMOBILIZATION OF
UNMODIFIED BIOPOLYMERS TO
ACYL FLUORIDE ACTIVATED
SUBSTRATES**

Art Unit: 1641

Examiner: Ann Y. Lam

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Alexandria, VA 22313-1450 on

December 12, 2005

Date of Deposit

Diane Zynn

Name

Signature

12/12/05
Date

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated September 12, 2005, please consider the following remarks:

Listing of Claims begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.